

# EXHIBIT I

11/09/98 MON 08:57 FAX 121532 51

LA WEIGHT LOSS CORPORA

003



**Equal Employment Opportunity Commission**  
Baltimore District Office  
10 South Howard Street Third Floor  
Baltimore, MD 21201

Charging Party: Koch, Kathy C  
Charge No.: 120980900

November 3, 1998

Ms. Karen Siegel  
Human Resources Manager  
L A Weight Loss Centers  
255 Business Center Drive  
Suite 150  
Horsham, PA 19044

Dear Ms. Siegel:

Your organization is hereby requested to submit information and records relevant to the subject charge of discrimination. The Commission is required by law to investigate charges filed with it, and the enclosed request for information does not necessarily represent the entire body of evidence which we need to obtain from your organization in order that a proper determination as to the merits of the charge can be made. Please submit a response to the requested information by the deadline cited below.

You may be assured that any information or explanation supplied by your organization will not be made public.

Sincerely,

Sandy Navarro  
Investigator

Response Deadline Date: 121598

The following dates are considered to be the "relevant period" for the attached Request for Information: 010195 - 110198.

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LA WEIGHT LOSS CORPORA

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## EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Ms. Karen Siegel  
 Human Resources Manager  
 L A Weight Loss Centers  
 255 Business Center Drive  
 Suite 150  
 Horsham, PA 19044

PERSON FILING CHARGE	
Koch, Kathy C	
THIS PERSON (check one)	
<input checked="" type="checkbox"/> CLAIMS TO BE AGRIEVED	<input type="checkbox"/> IS FILING ON BEHALF OF ANOTHER
DATE OF ALLEGED VIOLATION	
Earliest	Most Recent
10/24/1997	03/12/1998
PLACE OF ALLEGED VIOLATION	
Horsham, PA	
CHARGE NUMBER	
120980900	

## NOTICE OF CHARGE OF DISCRIMINATION

(See EEOC "Rules and Regulations" before completing this Form)

You are hereby notified that a charge of employment discrimination has been filed against your organization under:

- TITLE VII OF THE CIVIL RIGHTS ACT OF 1964
- THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967
- THE AMERICANS WITH DISABILITIES ACT
- THE EQUAL PAY ACT (29 U.S.C. SECT. 206(d)) investigation will be conducted concurrently with our investigation of this charge.

The boxes checked below apply to your organization:

1.  No action is required on your part at this time.
2.  Please submit by 12/15/98 a statement of your position with respect to the allegation(s) contained in this charge, with copies of any supporting documentation. This material will be made a part of the file and will be considered at the time that we investigate this charge. Your prompt response to this request will make it easier to conduct and conclude our investigation of this charge.
3.  Please respond fully by 12/15/98 to the attached request for information which pertains to the allegations contained in this charge. Such information will be made a part of the file and will be considered by the Commission during the course of its investigation of the charge.

For further inquiry on this matter, please use the charge number shown above. Your position statement, your response to our request for information, or any inquiry you may have should be directed to:

Baltimore District Office  
 10 South Howard Street  
 Third Floor  
 Baltimore, MD 21201

Judy Navarro, Investigator  
 (Commission Representative)

(410) 962-3785

(Telephone Number)

- Enclosure: Copy of Charge

## BASIS OF DISCRIMINATION

- RACE  COLOR  SEX  RELIGION  NAT. ORIGIN  AGE  DISABILITY  RETALIATION  OTHER

## CIRCUMSTANCES OF ALLEGED VIOLATION

See enclosed Form 5, Charge of Discrimination.

DATE	TYPED NAME/TITLE OF AUTHORIZED EEOC OFFICIAL	SIGNATURE
11-3-98	Gerald Kiel (Acting Director)	
EEOC FORM 131 (Rev. 06/92)		

RESPONDENT'S COPY

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LA WEIGHT LOSS CORPOR.

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CHARGE OF DISCRIMINATION		AGENCY	CHARGE NUMBER
This Form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.		<input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	Amended 120980900
MD. Commission on Human Relations and EEOC State or local Agency, if any			
NAME (Indicate Mr., Ms., Mrs.) Mrs. Kathy C. Koch		HOME TELEPHONE (Include Area Code) (301) 596-1011	
STREET ADDRESS 6172 Devon Drive, Columbia, MD 21044		CITY, STATE AND ZIP CODE	DATE OF BIRTH 04/18/47
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME L A Weight Loss Centers		NUMBER OF EMPLOYEES, MEMBERS Cat D (501 +)	TELEPHONE (Include Area Code) (215) 328-9250
STREET ADDRESS 255 Business Center Drive, Suite 150, Horsham, PA 19044		CITY, STATE AND ZIP CODE	COUNTY 091
NAME		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS		CITY, STATE AND ZIP CODE	
CITY, STATE AND ZIP CODE		COUNTY	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))			
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)			
DATE DISCRIMINATION TOOK PLACE			
EARLIEST 03/06/98		LATEST 03/12/98	
<input type="checkbox"/> CONTINUING ACTION			
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)).			
<p>I. I was hired as an Area Corporate Trainer on October 17, 1997, and because I complained that about the employer's failure to hire qualified male applicants, I was disciplined (March 06, 1998) and discharged (March 12, 1998).</p> <p>II. I was informed that I was disciplined because of ineffective training. No reason was given for the discharge.</p> <p>III. I believe that I have been discriminated against, because of retaliation for opposing a protected activity, in violation of Section 704(a) of Title VII of the Civil Rights Act of 1964, as amended.</p>			
<input type="checkbox"/> I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State and Local Requirements)	
I declare under penalty of perjury that the foregoing is true and correct.  Kathy Koch 6/22/98		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Charging Party (Signature)		SIGNATURE OF COMPLAINT  Kathy Koch	
Date 6/22/98		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, Month, and year)	

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## Equal Employment Opportunity Commission

## REQUEST FOR INFORMATION

Chg. Party: Koch, Kathy C  
 Respondent: L A Weight Loss Centers  
 Charge No.: 120980900

1. Give the correct name and address of the facility named in the charge.
2. Submit a written position statement on each of the allegations of the charge, accompanied by documentary evidence and/or written statements, where appropriate. Also include any additional information and explanation you deem relevant to the charge.
3. Submit copies of all written rules, policies and procedures relating to the issue(s) raised in the charge. If such does not exist in written form, explain the rules, policies and procedures.
4. Submit copies of all written rules, policies and procedures relating to Hiring for the positions of counselor, manager and assistant manager of the company centers. If such does not exist in written form, explain the rules, policies and procedures.
5. Do you contend that female gender is a bona fide occupational qualification for various positions in your organization? If yes, then state all facts which relate and/or support your contention.

## Issue: DISCHARGE

1. If the charging party was discharged, submit the following:
  - a. date of discharge,
  - b. state each and every reason for discharge,
  - c. statement of whether the charging party had any right of appeal, and whether the charging party made use of any appeal rights,
  - d. person recommending the discharge, including name, position held,
  - e. person making final decision to discharge the charging party, including name, position held,  
Attach copy of any evaluation or investigation report relating to the discharge, and
  - f. copies of all pertinent documents in the charging party's personnel file relating to the subject discharge.
2. Explain your discharge procedures in effect at the time of the alleged violation. If the procedures are in writing submit a copy.
3. Submit copies of all written rules relating to employee duties and conduct. Explain how employees learn the contents and rules.
4. List all employees who committed the same or substantially similar offense(s) that the charging party committed and the disciplinary action taken against them. Supply backup documentation for the list. Include name, position title.
5. List all the employees discharged within the relevant period. For each employee, include employee's name, position title, reason for and date of discharge, and a copy of the separation notice.
6. List all Area Corporate Trainers by name, gender, address, most recent telephone number, and whether they are currently employed or separated

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from the company during the period of January 1, 1995 to the present.

7. Indicate whether Charging Party complained to management regarding the employer's hiring policy and/or practices. If so, state the nature of the complaint and the response given by management.

Issue: DISCIPLINE

1. Submit copies of and/or explain all written rules relating to employee duties, conduct, and discipline for the charging party's job classification or department during the relevant period of time. Explain how an employee learns the contents of the rules and disciplinary procedure. If the disciplinary system is progressive, explain its structure, penalties, and mode of operation.
2. Submit copies of all records considered in taking this most recent disciplinary action against the charging party. If an action is not documented by a written record, state the offense and the resulting action, and explain why it was not recorded. For each disciplinary action taken against the charging party for the relevant period, explain in detail when, how, and by whom the charging party was notified of each action; the nature of the action; dates; and reasons why action was taken. State the name, and position of the person responsible for taking each action.
3. List all employees who received disciplinary action during the relevant period in the charging party's job classification or department. Include employee's name, date of hire, whether probationary or not.

For each person listed, describe each disciplinary action by:

- a. date of the disciplinary action(s),
  - b. reason for disciplinary action(s),
  - c. type of disciplinary action(s) taken,
  - d. disciplinary record of employee prior to the instant issue, and
  - e. person imposing the penalty; include name, position title.
- Submit all documents which relate to any and all of the disciplinary actions taken against the individuals listed above.

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